

FILED SEP 17 1941 791

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution February 6, 1941
In this community 60yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Joh n Tabacchi.

3. (b) If veteran, name war Cannot.

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Lucille Tabacchi

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 1, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 17
If less than one day hr. min.

9. Birthplace California. American.
(City, town, or county) (State or foreign country)

10. Usual occupation No occupation

11. Industry or business John Tabacchi.

12. Name John Tabacchi.

13. Birthplace Italy. 5 Foreigner
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth

15. Birthplace Italy. 5 Foreigner.
(City, town, or county) (State or foreign country)

16. (a) Informant E. Molony

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof Aug. 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Boul.

19. (a) AUG 20 1941 (b) J. J. Blaney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis. 17
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18,
year 1941 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from February 6,
19 41 to August 18, 19 41
that I last saw him alive on August 18, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Pung abscess
and bronchopneumonia
Non tubercular

Due to 101

Due to 101

Other conditions (Include pregnancy within 3 months of death) 101

Major findings: Pung abscess Rt upper
lobe, bronchopneumonia,
Of autopsy arteriosclerotic vascular
disease

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury no

23. Signature Loren J. Blaney (M. D. or other) MD

Address 5600 Arsenal Date signed 8-19-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Allen Davis Jr.

Licensed Embalmer No. *4953*

P. O. Address *J. Allen Davis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.